

BRITISH VETERINARY ASSOCIATION

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Nominations for BVA president-elect

BVA Council representatives are invited to consult with their divisions to make nominations for the post of President-Elect, BVA, 2006/07. Any members wishing to make individual nominations may do so in writing to the President, BVA, 7 Mansfield Street, London W1G 9NQ, or to their local division, before September 19.

DEATHS

Hughes On July 22, Evan Emrys Hughes, BSc, MRCVS, of Saxonholme, Blakemores Bank, Bayston Hill, Shrewsbury. Mr Hughes qualified from Edinburgh in 1942.

FROM THE SCHOOLS

Bristol examination results

THE following candidates have been successful in the final examinations for the degree of BVSc at the University of Bristol.

Timothy Derek Adams, Luke David Ainsworth, Matthew John Atherton, Joseph Atkins, Heather Bacon, David Jeremiah Badger, Rachael Etienne Bailey, Emma Jane Ballardie, Alastair Charles Barnes, Thomas Rowan Beech, Ruth Elizabeth Bennett, Donna Louise Blinman, Richard Eric Booth, Timothy Adam Booth, Kieran Anthony Borgeat, Anna Brooke Houghton, Naomi Julia Cambridge, Hannah Louise Cook, Heidi Cooper, Douglas

Crockett, Katherine Jane Davis, Laura Nicole Day, Jennifer Anne Didcock, Erin Down, Jo Elizabeth Dyson, Rebecca Louise Eade, Adrian Francis Farrington, Gareth James Field, Rebekah Fisher, Robert Ian Forrester, Daniel John Forster, Claire Louise Gandy, David Gardner-Roberts, Timothy Richard Garran, Deborah Louise Gazzard, Robert Steven Hallworth, Katie Louise Hamilton, David Lawrie Harris, Christina Jane Hazleman, Natasha Jane Louise Hetzel, Amy Louise Hoddinott, David Jonathan Hodson, Thomas Mark Hunton, Julie Anne Ingram, Geraint Tomos Jones, Natasha Claire Jordan, Sara Frances Kent, Elizabeth Sarah Kirby, Cara Elizabeth Knight, Simon Knowles, James Robert Kyffin, Stephanie Rochelle Lewis, Clare Miller, Clare Povah, Siri Lem Ramstad, Louise Helen Rigby, James Richard Ross, Christiane Elizabeth Schrieffer, Caroline Jane Scott, Adam John Scutt, Stephen Richard Shiles, Rebecca Emily Stapley, Benjamin Robert Sullivan, Kristy Marie Syer, Richard James Taylor, Shaun Paul Taylor, Christopher Alan Tems, Emma Mary Tipton, Guy William Tomlinson, Christine Philippa Welsh, Karen Westcott, Gillian White, Jonathan Martin Williams, Nicholas Robert Williams, Thomas Rhys Williams, Philip Georg Karl Witte.

LETTERS

Achieving full eradication of rinderpest in Africa

SIR, – Thanks to a recently approved two-year extension of the Pan-African Programme for the Control of Epizootics (PACE), 30 sub-Saharan countries are to be given the opportunity to get a step closer to achieving international recognition of the absence of rinderpest, thus contributing to the global objective to eradicate rinderpest from the planet by 2010.

Rinderpest or cattle plague has long been the main constraint to livestock production in many parts of the world, including sub-Saharan Africa. Throughout the last century, major mass vaccination campaigns were conducted on the continent, with varying degrees of success. Since 1962, the African States, with the assistance of the European Union (and its predecessors), have been involved in these eradication efforts, initially through the Joint Programme 15. The last major vaccination effort was conducted under PARC (Pan-African Rinderpest Campaign) from 1986 to 1999. The PACE, which started in 1999, is now conducting the last phase of this eradication process, which is the continued surveillance for disease outbreaks and

the recognition by the international community (through the World Organisation for Animal Health [OIE]) of rinderpest freedom. The ultimate goal, as defined in the Global Rinderpest Eradication Programme and coordinated by the Food and Agriculture Organization, is to achieve global eradication of rinderpest by 2010.

At this stage, 12 of 30 member countries of the PACE (excluding the southern African region) have already been declared disease-free by the OIE. Four more countries have reached the final recognition of an infection-free country (Senegal, Togo, Benin and Eritrea). A further nine West African countries are expected to be declared infection-free by May 2006 (the OIE's next Annual General Session). To achieve this, these countries will have to demonstrate their capacity to control animal diseases nationwide, to conduct thorough epidemiological surveys and to be prepared for any disease emergency that might occur now or in the future.

The only remaining foci of rinderpest in Africa, and probably in the world, are confined to the so-called Somali ecosystem, an area encompassing northern Kenya, south-eastern Ethiopia and south-western Somalia, the last being a war-torn country in which it has become increasingly difficult to implement structural control programmes. Moreover, the dis-

ease has now become less virulent and therefore less obvious to detect, hence, the difficulties encountered in controlling the last few outbreaks. Furthermore, as livestock owners do not suffer as severe consequences of rinderpest as they used to, they are reluctant to report suspected cases.

With the prospect of eradicating rinderpest from the African continent, several countries are now seriously investigating the possibilities of developing regional and international trade in livestock and livestock products, in particular meat, hides and dairy products.

The PACE and the actions it implements at the level of the government veterinary services are of paramount importance, in that it is the very first time that a large number of countries in sub-Saharan Africa (except for countries such as Botswana and South Africa) have attempted and succeeded in complying with international standards in the field of animal health. Viewed as such, the efforts undertaken to declare their countries free of rinderpest are perceived as an excellent way to learn and develop surveillance systems and compliance with international standards that will be useful for similar procedures in the future, for example, for contagious bovine pleuropneumonia or foot-and-mouth disease. Moreover, the

costs of these surveillance systems are increasingly being borne by the governments, which now understand the benefits of early disease detection and reaction as compared to the costly burden of disease control.

B. A. Diop, P. Bastiaensen, *PACE*
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